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## COVER LETTER

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2661 Executive Center Circle Tallahassee, FL 32301

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**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

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NAME OF CORPOR	Bnei Zipora, Inc			
DOCUMENT NUME	N13000010770			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Janet Haimov			
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	1	
	Firm/ Company 33 NE 1st Street			
	Miami, Fl 33132	Address		
		City/ State and Zip Cod	e	
Janetl	haimov@aol.com	·		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
		.305760860 at (		
Name (	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section on of Corporations Building	

## Articles of Amendment to Articles of Incorporation of

Bnei Zipora, Inc		
(Name of Corporation as curr	ently filed with the Flo	orida Dept. of State)
N13000010770		
(Document Nu	mber of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida Statamendment(s) to its Articles of Incorporation:	utes, this Florida Not F	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
		The new
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	ration" or "incorporate	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Maining address MAT BE AT OST OTTICE BOX)		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	ffice address in Florid: e address:	a, enter the name of the
Name of New Registered Agent:		
	(1	Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		ot the obligations of the position.
	Signature of Nov. B	stered Agent, if changing
	- aigmaure of New Regi	sterea Agent, y enanging

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>Y</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	VP	Yaakov Haimov	33 NE 1st Street	
	-		Miami, Fl 33132	
X Remove				
2) Change	S	Shiva Amini	33 NE 1st Street	
Add			Miami, Fl 33132	
X Remove				
3 ) Change	VP	Janet Haimov	33 NE 1st Street	
X Add			Miami, FL 33132	
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

<u>f amending or adding additional Arti</u> Attach <i>additional sheets, if necessary</i> ).	(Be specific)
<u> </u>	
	<del></del>
	<del></del>
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	adment it not comained in the amendment usen:
	<del> </del>
	<del></del>

	date of each amendment		, if other than the
	this document was signed.	10/10/2017	
Effective date <u>if applicable</u> :		(no more than 90 days after amendment file date)	.,,
		is block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
ø	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes east for the amendment(s) proval.	
	There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.	
	Dated(O/)	0/13	
	Signature/		
	have n	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	_	Triped or printed name of person signing)	
		(Typed or printed name of person signing)	
		VP	
		(Title of person signing)	